

Name of applicant		License number	
Name of salon / shop		Name of owner or manager of salon / shop	
Address of salon / shop (<i>number and street, city, state, ZIP code</i>)			
Experience dates (<i>month, day, year</i>) From: _____ To: _____			
Please verify and describe the work experience of the applicant 			
NOTARY CERTIFICATE (SWORN OATH)			
STATE OF _____ } COUNTY OF _____ } SS:			
I swear and affirm that the above statements are true and correct to the best of my knowledge.			
Signature of owner or manager of salon / shop		Signature of Notary Public	
Printed or typed name of owner or manager of salon / shop		Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires	